

01/07/02  
U.S. PTO  
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10/04/006

10/07/02

Please type a plus sign (+) inside this box → **UTILITY  
PATENT APPLICATION  
TRANSMITTAL**(only for new non-provisional applications  
under 37 CFR 1.53(b))**APPLICATION ELEMENTS**See MPEP Chapter 600 concerning  
utility patent application contents.*Attorney Docket No.*

ORT-1565

*First Named Inventor or Application Identifier*

DARROW, Andrew L.

*Express Mail No.*

EU014011286US

**ADDRESS TO:** Assistant Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, DC 20231

1.  **Fee Transmittal Form** (attached hereto in duplicate)
2.  **Specification** [Total Pages: 69]
3.  **Drawing(s)** (35 USC 113) [Total Sheets: 6]
4. **Oath or Declaration:** A copy from a prior application is attached hereto (37 CFR 1.63(d)).
5. **Nucleotide and/or Amino Acid Sequence Submission**  
(if applicable, all necessary)
  - a.  Computer Readable Copy
  - b.  Paper Copy (identical to computer copy)
  - c.  Statement verifying identity of above copies
6.  **Information Disclosure Statement** (IDS)/PTO-1449
7.  **Preliminary Amendment**
8.  **Return Receipt Postcard (MPEP 503)**  
(Should be specifically itemized)
9.  **Other: Express Mail Certification**

10.  **Incorporation by Reference** (useable if Box 4c is checked)

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

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**PRELIMINARY AMENDMENT**

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11. Please amend the specification by inserting before the first line: *[This is a Divisional of prior application No.: 09/386,653, filed 31 August 1999, now U.S. Patent No. 6,458,364]*

12. Please cancel original Claims 1-16 and 21-27 of the prior application before calculating the filing fee.

13. **Correspondence Address:** Name: Philip S. Johnson, Esq.  
Address: Johnson & Johnson  
One Johnson & Johnson Plaza  
New Brunswick, NJ 08933-7003, USA

14. **Telephone Contact:** Please direct all telephone calls or tele-faxes to John W. Wallen, III at:  
Telephone: (858) 784-3239      Fax: (732) 524-2808

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	<u>John W. Wallen, III, Esq.</u> Reg. No. 35,403	
SIGNATURE	<u>John W. Wallen, III</u>	
	DATE	7 January 2002

**FEE TRANSMITTAL**

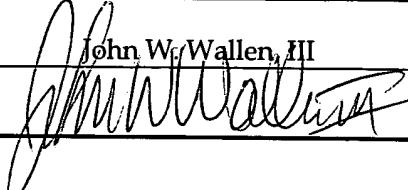
<i>Complete if Known</i>	
<i>Application Number</i>	NOT ASSIGNED
<i>Filing Date</i>	7 January 2002
<i>First Named Inventor</i>	DARROW
<i>Group Art Unit</i>	1652
<i>Examiner Name</i>	MOORE, W.
<i>Attorney Docket Number</i>	ORT-1565

**FEE CALCULATION****CLAIMS AS FILED**

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE (\$710.00)
<b>TOTAL CLAIMS</b>	4 - 20 =	0	x 18.00	\$ 0.00
<b>INDEPENDENT CLAIMS</b>	2 - 3 =	0	x 80.00	\$ 0.00
<b>MULTIPLE DEPENDENT CLAIMS</b>	□	N/A	\$270.00	
			<b>TOTAL FEES</b>	<b>\$ 710.00</b>

**METHOD OF PAYMENT**

- Please charge Deposit Account No. 10-0750/ORT-1565/JWW in the amount of \$710.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/ORT-1565/JWW. Three copies of this sheet are enclosed.

<b>SUBMITTED BY:</b>		<i>Complete (if applicable)</i>
<i>Typed or Printed Name</i>	John W. Wallen, III	Reg. No. 35,403
<i>Signature</i>		Date: 7 Jan. 2002 <b>Deposit Account No. 10-0750</b>